

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035713

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 280

Primary Registration District No. \_\_\_\_\_

Registrar's No. 74

FILED OCT 11 1962

1. PLACE OF DEATH a. COUNTY <b>Platte</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fair Township</b>		c. CITY OR TOWN <b>Lexington</b>	
c. FULL NAME OR (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>5 mile west of Jct. 92 &amp; 371 At Tracy, Mo.</b>		d. STREET ADDRESS (If outside, give location) <b>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></b>	
3. NAME OF DECEASED (Type or print) First <b>Walter</b> Middle <b>A.</b> Last <b>Kelley</b>		4. DATE OF DEATH Month <b>Oct.</b> Day <b>4,</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-14-1913</b>
9. AGE (last birthday) <b>49</b>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter &amp; Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Painting</b>	
11. BIRTHPLACE (City and state or country) <b>Hardy, Arkansas</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Eather L. Kelley</b>		13b. MOTHER'S MAIDEN NAME <b>Minnie E. Jones</b>	
14. NAME OF HUSBAND OR WIFE <b>Jesse Mae Barker</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <b>Yes W. W. II</b>	
16. SOCIAL SECURITY NO. <b>_____</b>		17. INFORMANT Address <b>Mrs. Jesse Kelley Lexington, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>BROKEN NECK, MULTIPLE INTERNAL INJURIES COMPOUND PELVIC FRACTURE LEFT FOOT SEVERED</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>_____</b> DUE TO (c) <b>_____</b>		INTERVAL BETWEEN ONSET AND DEATH <b>INST.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <b>ACCIDENT</b>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>SUBJECT STRUCK BY AUTO</b>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year <b>_____</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>HIGHWAY</b>	20f. CITY, TOWN, OR LOCATION <b>FAIR TWP.</b>	COUNTY <b>PLATTE</b>	STATE <b>Mo.</b>
21. I attended the deceased from _____, to _____ and last saw her alive on _____. Death occurred at <b>APPROX. 8:45 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Roland M. Giffey, Coroner</b>		22b. ADDRESS <b>Platte City, Mo.</b>	
22c. DATE SIGNED <b>10-6-62</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>10-7-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Barker Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Odessa, Mo.</b>
24. FUNERAL DIRECTOR <b>Vaughn Walker</b>	ADDRESS <b>Lexington, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>10.6.1962</b>	26. REGISTRAR'S SIGNATURE <b>Opheia Rollins</b>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

10830

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OCT 11 1962

OCT 16 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *E. E. Collins*

Licensed Embalmer No. 5110

P. O. Address St. Louis City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.